



# WILLIAM HENRY HARRISON JUNIOR SCHOOL

9830 West Road Harrison, Ohio 45030 (513) 367-4831 Fax (513) 367-0370

Christian Tracy  
Principal

Dan Rouster  
Assistant Principal  
Athletic Director

Nicole Lee  
Jennifer Vineyard  
Guidance Counselors

April 17, 2018

Dear Parents or Guardians of incoming 7<sup>th</sup> graders,

Ohio State Law requires a meningococcal vaccine for all students entering 7<sup>th</sup> grade. This is a new law and you must supply the school with the exact date it was administered with the **physician signature**. Your child must have one dose and it must be administered on or after their 11<sup>th</sup> birthday.

According to the Ohio Department of Health, the meningococcal vaccine will prevent your child from a severe form of bacterial meningitis which can easily be spread in a school setting. It will also protect against other illnesses caused by this bacterium.

Documentation must be received by September 12, 2018 with the date the vaccine was given and the **physician signature**. If this is not on file your child will be placed in alternative school assignment until documentation is received.

Thank you for your cooperation in the matter.

  
Christian Tracy  
Principal

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## MENINGOCOCCAL VACCINE DATE

Student Name \_\_\_\_\_

Exact Date of Immunization \_\_\_\_\_

Physician Signature \_\_\_\_\_

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April 17, 2018

Dear Parents or Guardians of Incoming 7<sup>th</sup> graders,

Ohio State law requires a TDAP booster for all students entering 7<sup>th</sup> grade. If your child has already received this immunization please supply the school with the exact date it was administered with the **physician signature**. If your child has not yet received this booster, they must receive it before entering the 7<sup>th</sup> grade for the 2018-2019 school year.

Documentation must be received by September 12, 2018 with the date the TDAP booster was administered and a physician signature. If this is not on file your child will be placed in alternative school assignment until the documentation is received.

Thank you for your cooperation in the matter.

Christian Tracy  
Principal

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TDAP VERIFICATION DATE

Student Name \_\_\_\_\_

Exact Date of Immunization \_\_\_\_\_

Physician Signature \_\_\_\_\_

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